



2006

PASS-THROUGH ENTITY RETURN

OF MAINE INCOME TAX WITHHELD FROM OWNERS

QUARTER # _____



* 0606250 *

Pass-through		A. Number of payees subject to pass-through entity withholding.
Withholding Account Number:	2 0	
Period Covered:		
MM / DD / YY	to MM / DD / YY	
Name and Address:		
Name		1. Pass-through Entity Withholding for this quarter (from Schedule 2, line 10) 1. \$
Street Address		2. Less payments (from Schedule 1, line 5) 2. \$
City State ZIP Code		3a. Amount due with this return (if line 1 minus line 2 is positive) 3a. \$
		3b. Overpayment to be refunded (if line 1 minus line 2 is negative) 3b. \$

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Date _____ Signature _____ Title _____ Telephone _____

Contact person e-mail _____ Paid preparer EIN: _____

Maine Payroll Processor License Number: _____

Make check payable to: Treasurer, State of Maine
Mail return and check to: Maine Revenue Services, P.O. Box 9118, Augusta, ME 04332-9118

For the Third Quarter Only: please check if applicable:

☐ I file my return electronically or my return is prepared by a tax preparer and I do not need Maine tax forms mailed to me next year.

Cancellation Notice

4. Check here and complete this section if your business is discontinued or the requirement to withhold permanently ceases.

Reason for cancellation: _____

Last Payroll Date: / /

MM DD YY

Business sold to: _____

Address:

Date Sold: / /
MM DD YY

Telephone: _____

Note: Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name or address. This form is available on-line at www.maine.gov/revenue (click “Forms, Publications & Applications” link, then select “Pass-Through Entity Withholding”).

Office
use only PD



Period Covered: 

Schedule 1P

Reconciliation of 900ME Voucher or Electronic Prepayments of Pass-through Entity Withholding

[illegible][illegible][illegible]

5.Payment Amount

Subtotal A | , | , | .

Subtotal B | , | , | .

Subtotal C | , | | | , | | | ■ | |

Total (Enter on Form 941P-ME, line 2)



SCHEDULE 2P Loose (FORM 941P-ME Loose) 2006



00

Name: _____

Withholding
Account No.: _____ **2 0**

0606251

This page contains (check one):

Period
Covered: _____ / _____ / _____ to _____ / _____ / _____

Individuals with
social security numbers _____

Entities with Federal
Employer ID numbers _____

Schedule 2 – Pass-through Entity Withholding Listing

6. Name of Payee for Non-wages (Last, First, MI)	7. Social Security Number	Maine IncomeTax 8. Withheld during the Quarter
a. _____	____ - ____ - _____	\$ _____ , _____ . _____
b. _____	____ - ____ - _____	\$ _____ , _____ . _____
c. _____	____ - ____ - _____	\$ _____ , _____ . _____
d. _____	____ - ____ - _____	\$ _____ , _____ . _____
e. _____	____ - ____ - _____	\$ _____ , _____ . _____
f. _____	____ - ____ - _____	\$ _____ , _____ . _____
g. _____	____ - ____ - _____	\$ _____ , _____ . _____
h. _____	____ - ____ - _____	\$ _____ , _____ . _____
i. _____	____ - ____ - _____	\$ _____ , _____ . _____
j. _____	____ - ____ - _____	\$ _____ , _____ . _____
k. _____	____ - ____ - _____	\$ _____ , _____ . _____
l. _____	____ - ____ - _____	\$ _____ , _____ . _____
m. _____	____ - ____ - _____	\$ _____ , _____ . _____
n. _____	____ - ____ - _____	\$ _____ , _____ . _____
o. _____	____ - ____ - _____	\$ _____ , _____ . _____
p. _____	____ - ____ - _____	\$ _____ , _____ . _____
q. _____	____ - ____ - _____	\$ _____ , _____ . _____
r. _____	____ - ____ - _____	\$ _____ , _____ . _____
s. _____	____ - ____ - _____	\$ _____ , _____ . _____
t. _____	____ - ____ - _____	\$ _____ , _____ . _____
u. _____	____ - ____ - _____	\$ _____ , _____ . _____
v. _____	____ - ____ - _____	\$ _____ , _____ . _____
w. _____	____ - ____ - _____	\$ _____ , _____ . _____

9. Total on this page 9. \$ _____ , _____ , _____ . _____

10. Total for **ALL** pages (Enter here and on Form 941P-ME, line 1) 10. \$ _____ , _____ , _____ . _____